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CONFIRMATION NO. 7107

SERIAL NUMBER	FILING or 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/748,236	12/31/2003	370	2611	INTEL-0070

APPLICANTS

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**** CONTINUING DATA *******
**** FOREIGN APPLICATIONS *******
**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

05/05/2004

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance Initials	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		GERMANY	12	30	4

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TITLE

PROGRAMMABLE PHASE INTERPOLATOR ADJUSTMENT FOR IDEAL DATA EYE SAMPLING

FILING FEE RECEIVED 1216	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit